

CONNECTICUT STATE DEPARTMENT OF EDUCATION
Bureau of Health/Nutrition, Family Services and Adult Education
25 Industrial Park Road
Middletown, CT 06457-1543

**SPONSOR APPLICATION FOR PARTICIPATION
SUMMER FOOD SERVICE PROGRAM (SFSP)**

1. Name of Applicant/Sponsor: _____ Agreement Number: _____
2. Contact Person: _____ Telephone Number: (____) _____
Email Address: _____ Fax Number: _____
Address: _____
3. Intended Dates of Food Service Program Operation:
Beginning Date: _____ End Date: _____
Total Number of Days of Operation: _____ June _____ July _____ Aug. _____ Sept. _____
4. Type of applicant (Check one): _____ Public or Nonprofit Private School Food Authority
_____ Public or Nonprofit Private Residential Summer Camp
_____ State, Local, Municipal or County Government Entity
_____ Colleges and Universities Participating in National Youth Sports Program
_____ Other Private Nonprofit Organization
5. Has the applicant participated in the Summer Food Service Program in prior years? Yes _____ No _____
(If "Yes" state the Agreement Number, Year and State in which the applicant participated most recently.)
- 6A. Does the applicant provide an ongoing year-round service to the community that would be served by the Summer Food Service Program? Yes _____ No _____
(If "Yes" describe the nature of the service, the date it was instituted and the average number of paid and volunteer workers during the six months preceding this application.)
- 6B. Was the applicant ever terminated or determined to have been seriously deficient in its operation of the Summer Food Service Program or any Child Nutrition Program? Yes _____ No _____
(If "Yes" explain:)

7. How will meals be provided to sites?
- | | Number of Sites Served |
|--|---|
| | <u>Rural</u> <u>Non-Rural</u> |
| _____ A. Self Preparation Site | _____ |
| _____ B. Sponsor Preparation at Central Kitchen Facility | _____ |
| Address(es): | |

	Number Rural	of Sites Served Non-Rural
_____ C. Sponsor Preparation at a School Food Service Facility Name(s) and Address(es) of School Food Service Facility(ies):	_____	_____

_____ D. Agreement with School Food Authority School Name(s) and Address(es):	_____	_____
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_____ E. Contract with Food Service Management Company Company Name(s) and Address(es):	_____	_____
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(Note: If contract will equal or exceed \$100,000, attach a copy of the wording to be used in the summary of the invitation to bid, the planned date and place of publication, and the planned date and place of bid opening.)

_____ F. For Applicants with Food Service Management Company(ies) was the local School Food Authority contacted regarding use of School Food Service facilities for the Summer Food Service Program?
 Yes _____ No _____ (If "No" explain:)

_____ G. Other

8. Indicate total average daily participation of eligible children to be served by meal type at all sites listed on Schedule C-1 (Site Information Document). (For camps, list only the estimated total average daily participation of eligible children for each session in which reimbursement for meals will be claimed under SFSP.)

Breakfast (A)	A.M. Snack (B)	Lunch (C)	P.M. Snack (D)	Supper (E)

9. Does the applicant request advance payments for Operational costs? _____Yes _____No
Administrative costs? _____Yes _____No
Start-Up payments? _____Yes _____No

10. List the sponsor level personnel who will be responsible for administering the Summer Food Service Program:

TITLE OF POSITION	NO. OF STAFF	HOURS PER DAY ON SFSP	SALARY PER HOUR	NO. OF DAYS	TOTAL SALARY FOR PROGRAM	SOURCE OF REIMBURSE- MENT	NAME OF ADMINISTRA- TIVE PERSONNEL	STATE AGENCY (S/A) APPROVED AMOUNT
ADMINISTRATOR								
SFSP-DIRECTOR OR COORDINATOR								
SFSP-ASSISTANT DIRECTOR/ COORDINATOR								
BOOKKEEPER/ ACCOUNTANT								
CLERICAL STAFF								
MONITORS (Not less than one per 20 sites)								
OTHERS								
TOTAL ADMINISTRATIVE SALARIES								

11. Did any of the personnel named in item 10 work for another Summer Food Service Program Sponsor or a Food Service Management Company? _____Yes _____No

(If yes, give name of person(s), name and address of sponsor(s), or Food Service Management Company(s) and dates of employment there.)

12. OPERATIONAL AND ADMINISTRATIVE BUDGET

A. Estimated Operational Costs (Food Service)

B. Estimated Administrative Costs

		Sponsor Amount	S/A Approved Amount			Sponsor Amount	S/A Approved Amount
Food				Total Administrative Salaries (See 10 above)			
Labor	Site			Rent of Office Space (Attach contract)			
	Kitchen			Utilities			
Non-Food Supplies				Office Supplies			
Utilities				Audit Fees (Attach letter)			
Kitchen or Truck Rental (Attach Contract)				Transportation (Administrative & Monitors)	Rental		
					Mileage		
Equipment Rental (Attach Contract)				Telephone			
Other (Specify)				Postage			
				Legal Fees			
				Use Allowance			
				Office Building Maintenance (Not included in Rental Agreement)			
				Other (Specify)			
				Indirect Cost Rate (Attach copy of cognizant agency's approval)			
TOTAL				TOTAL			

13. Show projected income from all sources other than USDA that will be used to help finance the SFSP.
(Attach additional sheets, if necessary.)

INCOME SOURCE	INCOME AMOUNT	DESCRIBE THE COSTS FOR WHICH THIS INCOME WILL BE USED
	\$	
	\$	
	\$	
	\$	
	\$	

14. Training Sessions (Training is mandatory for all sponsor and site personnel.)

A. Name(s) of Person(s) Responsible for Conducting Training Sessions for Sponsor Personnel.

B. Name(s) of Person(s) Responsible for Conducting Training Sessions for Site Personnel.

Training Date: _____

Training Date: _____

C. Attach Summary of Training Programs, including topics to be covered and a letter providing assurance that all sponsors and site personnel have been trained (See Sample Letter – Attachment 1).

15. The following items must be attached for application approval. Check each item included in this application.
(For items not checked, please provide an explanation.)

A. _____ The schedule for making pre-operational visits to sites (include the number of sponsor personnel and number of sites that will be visited per week).

E. _____ A description of procedures for collecting information on the daily number of meals served to children and the daily number of hours worked by site personnel (if labor costs will be claimed). Include both the frequency of information collection and the method used to collect information from sites. If form for meal counts is available, attach copy.

B. _____ A letter providing assurance that all sites have been visited and that they have the capability and facilities to provide meals for the anticipated number of children. (Submit prior to the program opening date.)
(See Sample Letter – Attachment 2)

F. _____ A copy of the public announcement on non-discrimination with a description of when and to whom the announcement will be issued.

C. _____ The schedule for visiting Summer Food Service sites during the first week of operation and for reviewing all sites during the first four weeks of operation. (Include the number of sponsor personnel and the number of sites that will be visited and reviewed.)

G. _____ A copy of the proposed letter to the local health department providing notification of intention to operate food service at the sites listed on attached site information sheets. (Give specific dates and times of operation for each site.)

D. _____ A description of the method used to secure corrective action if problems are observed at a site, including plans for follow-up and an explanation of when a site would be closed.

16. Management Plan: Identify by Name and Title, the Person(s):

A. Authorized to approve purchases or rentals (specify dollar limitation, as applicable).

_____ \$ _____

B. Authorized to approve the number of hours of regular and overtime pay for employees.

C. Responsible for receiving participation and cost data, and for preparing claims for reimbursement.

D. Responsible for scheduling and supervising monitors, reviewing site reports of deficiencies, restricting or terminating food service, if necessary, and effecting corrective action.

E. Responsible for coordinating with officials to whom site supervisors' report, if applicable.

WARNING STATEMENT OF CRIMINAL PROVISIONS AND PENALTIES

As established in Section 12(g) of the National School Lunch Act (42 U.S.C. 1761(o)):

Whoever embezzles, willfully misapplies, steals, or obtains by fraud any funds, assets, or property that are the subject of a grant or other form of assistance under this Act or the Child Nutrition Act of 1966 [(42 U.S.C. 1771 et seq.)], whether received directly or indirectly from the United States Department of Agriculture, or whoever receives, conceals, or retains such funds, assets, or property have been embezzled, willfully misapplied, stolen, or obtained by fraud shall, if such funds, assets, or property are of the value of \$100 or more, be fined not more than \$25,000 or imprisoned not more than five years, or both, or, if such funds, assets, or property are of a value of less than \$100, shall be fined not more than \$ 1,000 or imprisoned for not more than one year, or both.

TERMINATION PROCEDURES

As established by Section 225.11(c) of the SFSP Regulations:

1. The State agency shall terminate the Program agreement with any sponsor which it determines to be seriously deficient. However, the State agency shall afford a sponsor reasonable opportunity to correct problems before terminating the sponsor for being seriously deficient.
2. The State agency may approve the application of a sponsor which has been disapproved or terminated in prior years in accordance with this paragraph if the sponsor demonstrates to the satisfaction of the State agency that the sponsor has taken appropriate corrective actions to prevent recurrence of the deficiencies. Serious deficiencies which are grounds for disapproval of applications and for termination include, but are not limited to, any of the following:
 - a. Noncompliance with the applicable bid procedures and contract requirements of Federal Child Nutrition Program regulations.
 - b. The submission of false information to the State agency.
 - c. Failure to return to the State agency any start-up or advance payments which exceeded the amount earned for serving meals in accordance with part 225, or failure to submit all claims for reimbursement in any prior year, provided that failure to return any advance payments for months for which claims for reimbursement are under dispute from any prior year shall not be grounds for disapproval in accordance with this paragraph.
 - d. Program violations at a significant proportion of the sponsor's sites. Such violations include, but are not limited to the following:
 - 1) Noncompliance with the meal service time restrictions set forth in Section 225.16(c);
 - 2) Failure to maintain adequate records;
 - 3) Failure to adjust meal orders to conform to variations in the number of participating children;
 - 4) The simultaneous service of more than one meal to any child;
 - 5) The claiming of Program payments for meals not served to participating children;
 - 6) Service of a significant number of meals which did not include required quantities of all meal components;
 - 7) Excessive instances of off-site meal consumption; and
 - 8) Continued use of food service management companies that are in violation of health codes.

NOTE: Sponsors or sites which have been terminated in accordance with the provisions above shall be allowed to appeal in accordance with Section 225.13.

I CERTIFY that the information on this application and the attached site information sheet(s) is true to the best of my knowledge, that reimbursements will be claimed only for meals served to eligible children regardless of sex, age, disability, race, color or national origin, at approved food service sites, and that these sites have been visited and have the capability and facilities for the meal service planned for the number of children anticipated to be served. I understand that this information is being given in connection with the receipt of Federal funds, and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes. If government or private nonprofit organization, I certify that the program is directly operated at all sites.

Signature of Authorized Representative
(Signature #1 as on Agreement ED-099)

Title

Date